

Department of Workforce Services
SHELTER/HOUSEHOLD COMPOSITION

Date Received:

Worker Name: _____ Phone #: _____

Case Number: _____

THIS FORM MUST BE COMPLETED BY YOUR LANDLORD OR MANAGER

1. Name of Tenant: _____ Phone No: _____

Address: _____ Apt/Unit No: _____

City: _____ State: _____ Zip Code: _____

2. Date this tenant moved in: _____ ☐ Home ☐ Apt ☐ Trailer

Name of apartment complex: _____

3. Monthly rent amount (not including late fees or other legal fees): \$ _____

Are there any other fees associated with renting this apartment? If yes, explain _____

A. Is the rent split between 2 or more tenants? ☐ Yes ☐ No ☐ Unknown
If so, how is it divided? _____

B. Does anyone subsidize (pay all or part of) the rent? ☐ Yes ☐ No If so, please indicate who:

Housing Authority name & phone no: _____ \$ _____

Church name & phone no: _____ \$ _____

Family member & phone no: _____ \$ _____

C. Does this tenant work for rent? ☐ Yes ☐ No If so, how much per month: \$ _____
How many hours does she/he work per month: _____ hours

4. Utilities the tenant pays: ☐ Electric ☐ Gas ☐ Phone ☐ Sewer ☐ Water ☐ Garbage

5. Are the utility costs included in the rent? ☐ Yes ☐ No

6. Are the utility costs shared? ☐ Yes ☐ No ☐ Unknown

Does anyone pay for tenant's utilities? ☐ Yes ☐ No If so, who? _____

How is the residence heated? ☐ Electric ☐ Gas ☐ Steam ☐ Wood ☐ Coal ☐ Propane

Is the home cooled? ☐ Yes ☐ No If so, how: ☐ Swamp Cooler ☐ Central Air ☐ Other: _____

7. Please list all adults over age 18 living in the home.

_____/_____/_____

_____/_____/_____

8. Please list all children under 18 living in the home.

_____/_____/_____

_____/_____/_____

9. Are you related to the tenant? ☐ Yes ☐ No If so, how? ☐ Parent ☐ Sibling ☐ Other: _____

PLEASE PRINT & SIGN YOUR NAME BELOW. INCLUDE A PHONE NUMBER WHERE YOU MAY BE REACHED.

Name (print)

Signature

Phone

Position/Title

Landlord's Address

Date

